

**GEORGIA STATE BOARD OF LANDSCAPE ARCHITECTS
CE AUDIT REPORT FORM**

For the Two-year CE Reporting Period Ending December 31, 2014

PLEASE PRINT OR TYPE Be sure to sign and date in the space provided

Institute, Organization, or Agency Conducting Program	Title of Program or Description of content	Location of Program	Dates Attended	Number of Hours Claimed	Documentation Attached

Total hours claimed _____

AFFIDAVIT

I certify that the above is true and accurate information and I have attached required documentation.

Signature of Licensed Landscape Architect

Sworn to and subscribed before me this ____ day of _____, 20____

Printed/Typed Name of Licensed Landscape Architect

Notary Public_____

NOTARY SEAL

License Number_____

Please return form and documents to: GA State Board of Landscape Architects
by mail to 237 Coliseum Drive; Macon, GA 31217, or fax to (478-314-9714), or
email to dhelms@sos.ga.gov. Board contact number (478) 207-2440.

Daytime Telephone Number_____